08/16/16, Rev 09/09/16, 04/16/18

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: A.C.T.G. Gallegos IV	CHAPTER 100.1	
Address: 1530 Piikea Street, Honolulu, Hawaii 96818	Inspection Date: March 3, 2021 Annual	

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, 90H0-H00 WITHOUT YOUR RESPONSE.

WITHOUT YOUR RESPONSE.

ZI HWELL PLZ3

1

RULES (CRITERIA)  PI AN OF CORPORATION		143
	PLAN OF CORRECTION	Completion
§11-100.1-88 Case management qualifications and	STATE OF HAWA	n Date
services. (c)(2)	PART 1 STATE OF HAWA	
Case management services for each expanded ARCI	DOH-OHCA STATE LICENSIN	r:
resident shall be chosen by the resident, resident's far	DID YOU CORRECT THE DEFICIENCY?	a d
surrogate in collaboration with the primary care give	nily or	1
physician or A DDN The	r and	
physician or APRN. The case manager shall:	USE THIS SPACE TO TELL US HOW YOU	
December on travel	CORRECTED THE DESCRIPTION	
Develop an interim care plan for the expanded ARCl		りろいたしつか
resident within forty eight hours of admission to the	RN-Case Manager will regularly reconcile MD orders	109 (20)
expanded ARCH and a care plan within seven days of	f with service plan.	
admission. The care plan shall be based on a	, and the printing	
comprehensive assessment of the expanded ARCH	Care plan has been corrected.	
resident's needs and shall address the medical pursing		
social, mental, behavioral, recreational, dental, emerg	ency Gastrointestinal/ Nutritional Plan corrected to reflect	
care, nutritional, spiritual, rehabilitative needs of the	1) Ordered diet: Regular Diet	
resident and any other specific need of the resident. T	2) Diet consistency: Coff	
plan shall identify all services to be provided to the	his 2) Diet consistency: Soft	
expanded ARCH resident and shall include, but not be	Monthly and management water will also	
limited to transport and malined inchine, but not be	Monthly case management notes will also be corrected	
limited to, treatment and medication orders of the expe	anded to reflect diet order and consistency: Regular/soft.	
ARCII resident's physician or APRN, measurable gos	Accurate changes will be applied to each monthly CM note	
and outcomes for the expanded ARCH resident; specif	noving forward.	
procedures for intervention or services required to mee	f the	
expanded ARCH resident's needs; and the names of	<b>,</b>	
persons required to perform interventions or services	Endocrine care plan corrected to reflect "Follow prescribed	
required by the expanded ARCH resident;	diet: Regular, soft diet."	
FINDINGS	DNI Coop Manage to end out to	
Resident #i - Care Plan is referring to Resident's diet a	RN-Case Manager to review these changes with	
Regular, however, Resident is on a "Regular, soff" diet.	concentration and ensure nutritional needs are being mer	
	safely and correctly.	
Continued on next page	( Sul M March N)	ſ
	A Mary Mary	ł
		ļ
	Judy Campbell, RN, CCM	ĺ

RULES (CRITERIA)

į.

	!	<u> </u>
	:	
	,	
	•	
3	J	
8	•	0001101 2
2007	>	08/16/16, Rev 09/09/16
ũ	i	
ξ		
χ.		

	RULES (CRITERIA)	PI AN OF CORRECTION	Completio Date
Co	ntinued from previous page		
pa sma Did "R des 2.1	Gastrointestinal/Nutrition Carc plan (problem number 7, ge 10) indicates, "Clients food choices for meals and tacks will be in compliance with ordered diet: Regular et. Also, further below Diet consistency states, egular". Monthly Face-to-face progress notes also cribe diet as "Regular" when referenced. Inducrine Care plan (problem number 9, page 10) states, allow prescribed diet: Regular diet."		
Ple	ase submit copy of revised Care Plan along with r Plan of correction.		
	·		
	STATE LICENSING		
	IIAWAH 30 STATS A SHID-HOO		
	. SI HW 11 61 53		

\*\*<u>\*</u>

K	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	\$11-100.1-88 Case management qualifications and services. (c)(2)	PART 2	Date
	Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and	FUTURE PLAN	03/05/20
	physician or APRN. The case manager shall:  Develop an interim care plan for the expanded ARCH	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	10010
!	resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of	RN-CM to regularly reconcile mD	
	admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, aursing,	orders and ensure veryiou plan is	
	social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the	accurate and correct.	
	resident and any other specific need of the resident. This plan shall identify all services to be provided to the	RN-cm to list correct diet and	
	expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded— ARCH resident's physician or APRN, measurable goals and	conciltency on verview plan and each con becoment note.	***
	outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the	mai an as our man horo.	
1	expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;	RN-an to envuru carugivers	1
]	FINDINGS	review (renview plan and encure	
] <u>]</u>	Resident #1 - Care Plan is refultible Resident's diet as Regular, however, Resident is on a liver street diet.	diet and consider a crafely.	
- 1	Continued on next page		
	ES 19 11 MM 12	Gliphlifa	,

) į

08/16/16, Rev 09/09/16, 04/16/18			

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Continued from previous page  1. Gastrointestinal/Nutrition Care plan (problem number 7, page 10) indicates, "Clients food choices for meals and snacks will be in compliance with ordered diet: Regular Diet. Also, further below Diet consistency states, "Regular". Monthly Face-to-face progress notes also describe diet as "Regular" when referenced.  2. Endocrine Care plan (problem number 9, page 10) states, "Follow prescribed diet: Regular diet."  Please submit copy of revised Care Plan along with your Plan of correction.		
	STATE OF HAWAII PT 24 STATE OF HAWAII STATE LICENSING	

08/16/16, Rev 09/09/16, 04/16/18

Licensee's/Administrator's Signature:	
Print Name: CANDIDA (80N)	M NUNEZ
Date: 3-8-21	, 

STATE LICENSING DOH-OHCA STATE LICENSING

ZI WELL PI 24

6

4